FRAMEWORK FOR ANNUAL REPORT
OF STATE CHILDREN'S HEALTH INSURANCE PLANS
UNDER TITLE XXI OF THE SOCIAL SECURITY ACT

Preamble
Section 2108(a) of the Act provides that the State must assess the operation of the State child health plan in each fiscal year, and report to the Secretary, by January 1 following the end of the fiscal year, on the results of the assessment. In addition, this section of the Act provides that the State must assess the progress made in reducing the number of uncovered, low-income children.

To assist states in complying with the statute, the National Academy for State Health Policy (NASHP), with funding from the David and Lucile Packard Foundation, has coordinated an effort with states to develop a framework for the Title XXI annual reports.

The framework is designed to:

- Recognize the ***diversity*** of State approaches to SCHIP and allow States ***flexibility*** to highlight key accomplishments and progress of their SCHIP programs, **AND**

- Provide ***consistency*** across States in the structure, content, and format of the report, **AND**

- Build on data ***already collected*** by HCFA quarterly enrollment and expenditure reports, **AND**

- Enhance ***accessibility*** of information to stakeholders on the achievements under Title XXI.

FRAMEWORK FOR ANNUAL REPORT
OF STATE CHILDREN'S HEALTH INSURANCE PLANS
UNDER TITLE XXI OF THE SOCIAL SECURITY ACT

State/Territory: Nevada
(Name of State/Territory)

The following Annual Report is submitted in compliance with Title XXI of the Social Security Act (Section 2108(a)).

(Signature of Agency Head)

SCHIP Program Name (s): Nevada ✓ Check Up Program

SCHIP Program Type:
- Medicaid SCHIP Expansion Only
- X Separate SCHIP Program Only
- Combination of the above

Reporting Period: **Federal Fiscal Year 2001 (10/1/00-9/30/01)**

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SECTION 1. DESCRIPTION OF PROGRAM CHANGES AND PROGRESS

This section has been designed to allow you to report on your SCHIP programs changes and progress during Federal fiscal year 2001 (October 1, 2000 through September 30, 2001).

1.1 Please explain changes your State has made in your SCHIP program since September 30, 2000 in the following areas and explain the reason(s) the changes were implemented.

Note: If no new policies or procedures have been implemented since September 30, 2000, please enter "NC" for no change. If you explored the possibility of changing/implementing a new or different policy or procedure but did not, please explain the reason(s) for that decision as well.

1. Program eligibility

2. Enrollment process **NC**

3. Presumptive eligibility **NC**

4. Continuous eligibility
   - A child is eligible for 12 months of continuous eligibility, unless one of the following occurs: child enrolls in Medicaid; family does not cooperate with Medicaid when referred; child gets other insurance; child moves out of state; child moves out of the home; child becomes incarcerated >30 days; child is a patient in an institution for mental diseases > 30 days; child gets married or becomes emancipated; family does not pay premium; loss of contact; or the child turns 19.

5. Outreach/marketing campaigns
   - Clark County Social Services and the University Medical Center no longer provide on-site eligibility/enrollment activities, effective 7/1/01.

6. Eligibility determination process
   - Eligible children are determined based on physical, not legal custody.
   - Any assets drawn down as withdrawals from a bank account are excluded unless they are used to support the family's basic needs.
   - Education related income for living expenses is counted as income.
   - Net income, rather than gross income is used for self-employed individuals.

7. Eligibility re-determination process
   - The passive re-determination process became effective with April 2001 re-determinations.

8. Benefit structure **NC**

9. Cost-sharing policies **NC**

10. Crowd-out policies **NC**

11. Delivery system
    - As of July 2000, United HealthCare discontinued serving Nevada ✓ Check Up participants in Clark County.

12. Coordination with other programs (especially private insurance and Medicaid) **NC**

13. Screen and enroll process **NC**

14. Application
    - On-line applications are now available on the Nevada Check Up web site.

15. Other **NC**

1.2 Please report how much progress has been made during FFY 2001 in reducing the number of uninsured, low-income children.

1. Please report the changes that have occurred to the number or rate of uninsured, low-income children in your State during FFY 2001. Describe the data source and method used to derive this information.

    - To assess the level of uninsured, the state is using methodology from a study conducted by Great Basin Primary Care association in 2000. The study estimates the number of uninsured eligibles, ages 0 – 18, to be 35,723. This is the baseline amount used to measure progress made by the Nevada ✓ Check Up program in decreasing the number of uninsured.

    - At quarter ending September 31, 2001, 20,653 children were enrolled in the Nevada ✓ Check Up program. Over the period October 2000 through September 2001, enrollment in Nevada ✓ Check Up grew by 7,775 children, an increase of 59% over the previous federal fiscal year. Refer to the attached chart, "Number of Children Enrolled".

2. How many children have been enrolled in Medicaid as a result of SCHIP outreach activities and enrollment simplification? Describe the data source and method used to derive this information**.**

    - From October 1, 2000 to September 30, 2001 8,202 children were referred to Medicaid. Of the 8,202 children referred to Medicaid, 643 were found eligible, 1,547 were denied Medicaid for non-cooperation and 2,632 remained enrolled in Nevada ✓ Check Up. The remaining 3,380 are enrolled in Nevada ✓ Check Up awaiting Medicaid eligibility determinations.

    - Statistics were derived from Nevada ✓ Check Up database and Nevada State Welfare Division CHAP Referral Reports.

3. Please present any other evidence of progress toward reducing the number of uninsured, low-income children in your State.

    - The state is committed to providing health coverage for the uninsured. The state has exceeded budget enrollment projections and continues to enroll eligible children.

4. Has your State changed its baseline of uncovered, low-income children from the number reported in your March 2000 Evaluation?

____ No, skip to 1.3
_X_ Yes, what is the new baseline?

- The new baseline is 35,723.

What are the data source(s) and methodology used to make this estimate?

- The state is currently using data and methodology utilized by Decision Analytics, Inc., under a contract funded by the Great Basin Primary Care Association. See the attached report "Methodology Explanation and Documentation for Nevada-Specific Estimates of the Uninusred"

What was the justification for adopting a different methodology?

- The methodology utilized by Decision Analytics, Inc. provides a more defensible method of estimating the uninsured in Nevada. "The method was developed in Oregon for use by the Oregon Health plan administration, and similar methods have been proposed by the Urban Institute, National Institutes of Health, and others". 1

What is the State's assessment of the reliability of the estimate? What are the limitations of the data or estimation methodology? (Please provide a numerical range or confidence intervals if available.)

- The estimate represents the most accurate information available. Numerical confidence intervals are located within the methodology documentation.

Had your state not changed its baseline, how much progress would have been made in reducing the number of low-income, uninsured children?

- The baseline used in the Annual Report for FFY 2000 was 45,580. If this number were used, an additional 10% reduction in the number of low income, uninsured children could be reported.

1.3 Complete Table 1.3 to show what progress has been made during FFY 2001 toward achieving your States strategic objectives and performance goals (as specified in your State Plan).

In Table 1.3, summarize your States strategic objectives, performance goals, performance measures and progress towards meeting goals, as specified in your SCHIP State Plan. Be as specific and detailed as possible. Use additional pages as necessary. The table should be completed as follows:

Column 1: List your State strategic objectives for your SCHIP program, as specified in your State Plan.
Column 2: List the performance goals for each strategic objective.
Column 3: For each performance goal, indicate how performance is being measured, and progress towards meeting the goal. Specify data sources, methodology, and specific measurement approaches (e.g., numerator, denominator). Please attach additional narrative if necessary.

1 Refer to "Methodology Explanation and Documentation for Nevada-Specific Estimates of the Uninsured", June 3, 2000

Table 1.3

Note: *If no new data are available or no new studies have been conducted since what was reported in the March 2000 Evaluation, please complete columns 1 and 2 and enter ANC (for no change) in column 3.*

(1) Strategic Objectives (as specified in Title XXI State Plan and listed in your March Evaluation)	(2) Performance Goals for each Strategic Objective	(3) Performance Measures and Progress (Specify data sources, methodology, time period, etc.)
OBJECTIVES RELATED TO REDUCING THE NUMBER OF UNINSURED CHILDREN		
Reduce the overall percentage of uninsured children in Nevada	Overall uninsured rate should decrease by at least one percentage point in the first year, then maintain lower level	Data Sources: "Methodology Explanation and Documentation for Nevada-Specific Estimates of the Uninsured" Methodology: Analysis of % of uninsured From Decision Analytics, Inc. Progress Summary: At the end of FFY 2001, 7,775 additional children, under 200% of poverty, were insured by Nevada Check Up.
OBJECTIVES RELATED TO SCHIP ENROLLMENT		
Decrease the percentage of children under 200% of federal poverty level (FPL) that do not have creditable health coverage	Within one year, at least 50% of children under 200% of FPL not currently insured should have coverage	Data Sources: "Methodology Explanation and Documentation for Nevada-Specific Estimates of the Uninsured" Methodology: Analysis of % of uninsured From Decision Analytics, Inc. Progress Summary: At the end of FFY 2001, 7,775 additional children, under 200% of poverty, were insured, by Nevada Check Up
OBJECTIVES RELATED TO INCREASING MEDICAID ENROLLMENT		
Decrease the % of children eligible for Medicaid that are not enrolled in the program	Within one year enroll at least 40% of children under 100% of FPL who are eligible for Medicaid	Data Sources: NC Methodology: Currently there is no process in place to measure this Objective Progress Summary:
OBJECTIVES RELATED TO INCREASING ACCESS TO CARE (USUAL SOURCE OF CARE, UNMET NEED)		
Increase the availability of managed care in rural Nevada	Managed care enrollment in rural Nevada for private insurance should increase by at least 100% in three years	Data Sources: Methodology: The recruitment and licensing of managed care organizations is outside the purview of DHCFP. Progress Summary: No managed care mechanism exists in rural Nevada.

1.4 If any performance goals have not been met, indicate the barriers or constraints to meeting them.

Objective #3 – A database interface to capture referrals from Nevada ✓ Check Up to Medicaid, by income level, is not available.
Objective #4 – HMOs are not available in rural Nevada.

1.5 Discuss your State's progress in addressing any specific issues that your state agreed to assess in your State plan that are not included as strategic objectives. N/A

1.6 Discuss future performance measurement activities, including a projection of when additional data are likely to be available.

- Managed Care Organization (MCO) quality measures, referenced in the MCO contract, are reviewed by an External Quality Review Organization on an annual basis. This is a joint Medicaid managed care and Nevada ✓ Check Up program review. Data for FFY 2001 should be available by June 2002.

- A CAHPS survey of Medicaid managed and Nevada ✓ Check Up participants was conducted during FFY 2001. The results of this survey were made available to the Centers for Medicare and Medicaid Services.

- A performance measure associated with access to both preventive and treatment dental services will be completed in FFY 2002. Data should be available by September 2002.

1.7 Please attach any studies, analyses or other documents addressing outreach, enrollment, access, quality, utilization, costs, satisfaction, or other aspects of your SCHIP programs performance. Please list attachments here.

- Enrollment Chart
- Disenrollment Chart
- Applicant Denial Chart
- Children Denied Due to Other Insurance Chart
- How Did Applicants Hear About Nevada Check Up Chart
- "Methodology Explanation and Documentation for Nevada-Specific Estimates of the Uninusred" and Associated Data

SECTION 2. AREAS OF SPECIAL INTEREST

This section has been designed to allow you to address topics of current interest to stakeholders, including; states, federal officials, and child advocates.

2.1 Family coverage:

1. If your State offers family coverage, please provide a brief narrative about requirements for participation in this program and how this program is coordinated with other program(s). Include in the narrative information about eligibility, enrollment and redetermination, cost sharing and crowd-out. **N/A**

2. How many children and adults were ever enrolled in your SCHIP family coverage program during FFY 2001 (10/1/00 -9/30/01)? **N/A**

    - Number of adults
    - Number of children

3. How do you monitor cost-effectiveness of family coverage? **N/A**

2.2 Employer-sponsored insurance buy-in:

1. If your State has a buy-in program, please provide a brief narrative about requirements for participation in this program and how this program is coordinated with other SCHIP program(s). **N/A**

2. How many children and adults were ever enrolled in your SCHIP ESI buy-in program during FFY 2000? **N/A**

    - Number of adults
    - Number of children

2.3 Crowd-out:

1. How do you define crowd-out in your SCHIP program?

    - A child must be uninsured for six months prior to the date of application with the following exceptions: loss of employment due to factors other than voluntary termination; loss of insurance coverage through no fault of the applicant; change to a new employer that does not provide an option for dependent coverage; change of address so that employee-sponsored coverage is not available; or termination of dependent coverage due to an extreme economic hardship on the part of the applicant.

2. How do you monitor and measure whether crowd-out is occurring?

   - A question on the application requests the applicant to indicate: if a child currently has health insurance; what type of coverage does the child have; why coverage was terminated; and the date coverage was terminated. Denial reasons are compiled and reviewed monthly.

3. What have been the results of your analyses? Please summarize and attach any available reports or other documentation.

   - Approximately 9.3% of all denials during FFY 2001 were due to children having current health insurance coverage or children having had health insurance coverage within the last 6 months. Refer to the Denial Report attached.

4. Which anti-crowd-out policies have been most effective in discouraging the substitution of public coverage for private coverage in your SCHIP program? Describe the data source and method used to derive this information.

   - The most effective anti-crowd out policy is the waiting period for families who have had creditable insurance within the last 6 months. This information can be extracted from the Nevada ✓ Check Up database. Refer to the Denial Report attached.

2.4 Outreach:

1. What activities have you found most effective in reaching low-income, uninsured children? How have you measured effectiveness?

   - The most effective activity has have been the Free and Reduced Lunch program and other school-based activities. The next most effective activity is referral from friends and relatives. Refer to the chart "How did Applicants Hear About Nevada Check Up" attached.

2. Have any of the outreach activities been more successful in reaching certain populations (e.g., minorities, immigrants, and children living in rural areas)? How have you measured effectiveness? **NC**

   - A Nevada ✓ Check Up employee participated in several radio interviews on Spanish speaking stations. These interviews appear to have resulted in a substantial increase in requests for Spanish applications. Specific data was not collected to substantiate the increase.

   - Nevada ✓ Check Up employees participate on the statewide Native American Advisory Committee. This has helped in developing outreach procedures that are sensitive to the Native American population.

3. Which methods best reached which populations? How have you measured effectiveness?

   - Refer to answer to question # 2 above. Actual measurement criteria have not been developed.

2.5 Retention:

1. What steps are your State taking to ensure that eligible children stay enrolled in Medicaid and SCHIP?

   - The Nevada ✓ Check Up program mails pre-printed information to families on an annual basis for the purpose of re-determining eligibility. The families must note any changes to the printed information and return the signed form along with copies of their two most current pay stubs, if their income has changed. If families do not return the form, effective June 2001, the case is passively re-determined. The assumption is the family's status is unchanged, if the form is not returned.

2. What special measures are being taken to reenroll children in SCHIP who disenroll, but are still eligible?

   ____Follow-up by caseworkers/outreach workers
   ____Renewal reminder notices to all families
   ____Targeted mailing to selected populations, specify population
   ____Information campaigns
   _X_Simplification of re-enrollment process, please describe:

   - Passive re-determinations.

   ____Surveys or focus groups with disenrollees to learn more about reasons for disenrollment, please describe
   _X_Other, please explain:

   - Participants disenrolled due to non-cooperation with Medicaid are advised to go to their local Medicaid office and re-apply for Medicaid. If denied for reasons other than non-cooperation participants are encouraged to reapply for Nevada ✓ Check Up.

3. Are the same measures being used in Medicaid as well? If not, please describe the differences.

   - No. Medicaid re-determinations are not passive.

4. Which measures have you found to be most effective at ensuring that eligible children stay enrolled?

- Passive re-determinations allow participants to remain enrolled if they do not return the re-determination form. Additionally, the disenrollment notice advises participants of their right to appeal the disenrollment decision.

5. What do you know about insurance coverage of those who disenroll or do not reenroll in SCHIP (e.g., how many obtain other public or private coverage, how many remain uninsured?) Describe the data source and method used to derive this information.

- This data is not available.

2.6 Coordination between SCHIP and Medicaid:

1. Do you use common application and redetermination procedures (e.g., the same verification and interview requirements) for Medicaid and SCHIP? Please explain.

- The application/re-determination for Medicaid includes a more lengthy application and review process, than the process for Nevada ✓ Check Up. Additionally, Medicaid requires additional information and verification.

2. Explain how children are transferred between Medicaid and SCHIP when a child's eligibility status changes.

- Referral from Medicaid to Nevada ✓ Check Up is currently a manual process. The Nevada ✓ Check Up program will interface with the Welfare Division's NOMADS computer system once system changes are completed. When complete, the process will provide pertinent information on children who are denied or terminated from Medicaid who will qualify for Nevada ✓ Check Up.

- The referral process from Nevada ✓ Check Up to Medicaid is also a manual process. Two Welfare Division employees are outstationed with Nevada ✓ Check Up to process applications for those families who appear to be eligible for Medicaid.

3. Are the same delivery systems (including provider networks) used in Medicaid and SCHIP? Please explain.

- Both Medicaid and Nevada ✓ Check Up utilize the same provider network. This applies to both fee-for-service and Health Maintenance Organization (HMO) provider networks.

2.7 Cost Sharing:

1. Has your State undertaken any assessment of the effects of premiums/enrollment fees on participation in SCHIP? If so, what have you found?

   - An assessment of premium and enrollment fees on participation has not been done.

2. Has your State undertaken any assessment of the effects of cost sharing on utilization of health service under SCHIP? If so, what have you found?

   - Nevada ✓ Check Up does not have cost sharing other than collection of a quarterly premium.

2.8 Assessment and Monitoring of Quality of Care:

1. What information is currently available on the quality of care received by SCHIP enrollees? Please summarize results.

   - Managed Care Organization (MCO) quality measures, referenced in the MCO contract, are reviewed by an External Quality Review Organization on an annual basis. This is a joint Medicaid managed care and Nevada ✓ Check Up program review. Data for FFY 2001 should be available by June 2002.

   - A CAHPS survey of Medicaid managed and Nevada ✓ Check Up participants was conducted during FFY 2001. The results of this survey were made available to the Centers for Medicare and Medicaid Services.

2. What processes are you using to monitor and assess quality of care received by SCHIP enrollees, particularly with respect to well-baby care, well-child care, immunizations, mental health, substance abuse counseling and treatment and dental and vision care?

   - The annual review by the External Quality Review Organization provides quality assessments for HMO enrollees. Encounter data is produced quarterly and measures utilization of services provided by HMOs.

3. What plans does your SCHIP program have for future monitoring/assessment of quality of care received by SCHIP enrollees? When will data be available?

   - An assessment of providers available to Nevada ✓ Check Up participants will be conducted during FFY 2002. Data should be available by September 2002.

   - A more complete analysis of encounter/utilization data will be performed in FFY 2002. This analysis should be completed by September 2002.

   - A performance measure associated with access to both preventive and treatment dental services will be completed in FFY 2002. Data should be available by September 2002.

SECTION 3. SUCCESSES AND BARRIERS

This section has been designed to allow you to report on successes in program design, planning, and implementation of your State plan, to identify barriers to program development and implementation, and to describe your approach to overcoming these barriers.

3.1 Please highlight successes and barriers you encountered during FFY 2001 in the following areas. Please report the approaches used to overcome barriers. Be as detailed and specific as possible.

Note: If there is nothing to highlight as a success or barrier, Please enter "NA" for not applicable.

1. Eligibility

2. Outreach

   - Success: Outreach efforts by Nevada ✓ Check Up employees and community partners have helped to increase enrollment 59% over the previous year.

3. Enrollment

   - Barrier: Currently, applicants are sent an enrollment form after eligibility is determined. This causes a delay between eligibility determination and enrollment. We are planning to include the enrollment form with the application.

4. Retention/disenrollment

5. Benefit structure

6. Cost-sharing

7. Delivery systems

8. Coordination with other programs

9. Crowd-out

10. Other

SECTION 4. PROGRAM FINANCING

This section has been designed to collect program costs and anticipated expenditures.

4.1 Please complete Table 4.1 to provide your budget for FFY 2001, your current fiscal year budget, and FFY 2003 projected budget. Please describe in narrative any details of your planned use of funds.

Note: Federal Fiscal Year 2001 starts 10/1/00 and ends 9/30/01.

Table 4.1	Federal Fiscal Year 2001 costs	Federal Fiscal Year 2002	Federal Fiscal Year 2003
Benefit Costs			
Insurance payments			
Managed care			
per member/per month rate X # of eligibles			
Fee for Service			
Total Benefit Costs	20,422,374	36,464,623	47,404,010
(Offsetting beneficiary cost sharing payments)	514,017	796,726	1,035,744
Net Benefit Costs	20,936,391	35,667,897	46,368,266
Administration Costs			
Personnel		897,950	1,032,642
General administration		726,959	836,003
Contractors/Brokers (e.g., enrollment contractors)		0	0
Claims Processing		328,877	378,209
Outreach/marketing costs	70,882	81,514	92,000
Other	1,169,204		
Total Administration Costs	1,204,086	2,035,300	2,338,853
10% Administrative Cost Ceiling			
Federal Share (multiplied by enhanced FMAP rate)	14,470,138	24,507,078	31,659,628
State Share			
TOTAL PROGRAM COSTS	22,176,477	37,703,197	48,707,119

4.2 Please identify the total State expenditures for family coverage during Federal fiscal year 2001.

N/A

4.3 What were the non-Federal sources of funds spent on your CHIP program during FFY 2001?

__X__ State appropriations
_____ County/local funds
_____ Employer contributions
_____ Foundation grants
_____ Private donations (such as United Way, sponsorship)
__X__ Other (specify) Participant premiums

Do you anticipate any changes in the sources of the non-Federal share of plan expenditures. No

SECTION 5. SCHIP PROGRAM AT-A-GLANCE

This section has been designed to give the reader of your annual report some context and a quick glimpse of your SCHIP program.

5.1 To provide a summary at-a-glance of your SCHIP program characteristics, please provide the following information. If you do not have a particular policy in-place and would like to comment why, please do. (Please report on initial application process/rules)

Table 5.1	Medicaid Expansion SCHIP program	Separate SCHIP program
Program Name		Nevada ✓ Check Up program
Provides presumptive eligibility for children	_____No _____Yes, for whom and how long?	_X_____No _____Yes, for whom and how long?
Provides retroactive eligibility	_____No _____Yes, for whom and how long?	_____No _X___Yes, for whom and how long? Newborns are enrolled as of month of infant's birth if the family is currently enrolled and notification requirements are met.
Makes eligibility determination	_____State Medicaid eligibility staff _____Contractor _____Community-based organizations _____Insurance agents _____MCO staff _____Other *(specify)*	_____State Medicaid eligibility staff _X____Contractor University Medical Center and Clark County Social Services (Discontinued in FFY 2001) _____Community-based organizations _____Insurance agents _____MCO staff X____Other *(specify)* _Nevada ✓ Check Up eligibility staff
Average length of stay on program	Specify months	Specify months Data is not available
Has joint application for Medicaid and SCHIP	_____No _____Yes	_X___No _____Yes
Has a mail-in application	_____No _____Yes	_____No _X___Yes
Can apply for program over phone	_____No _____Yes	_X____No _____Yes
Can apply for program over internet	_____No _____Yes	_____No _X___Yes – for FFY 2001, 330 internet apps were rec'd.
Requires face-to-face interview	_____No	_X___No

Table 5.1	Medicaid Expansion SCHIP program	Separate SCHIP program
during initial application	_____Yes	_____Yes
Requires child to be uninsured for a minimum amount of time prior to enrollment	_____No _____Yes, specify number of months What exemptions do you provide?	_____No _X___Yes, specify number of months - 6 months. What exemptions do you provide? Loss of insurance coverage through no fault of the applicant; change to a new employer that does not provide an option for dependent coverage; change of address so that employee-sponsored coverage is not available; or termination of dependent coverage due to an extreme economic hardship on the part of the employee.
Provides period of continuous coverage <u>regardless of income changes</u>	_____No _____ Yes, specify number of months _____ Explain circumstances when a child would lose eligibility during the time period	_____No _X___Yes, specify number of months - 12 months. Explain circumstances when a child would lose eligibility during the time period. Enrolls in Medicaid; move from the home; moves out of state; marries; becomes emancipated; becomes an inmate of a penal institution > 30 days; becomes a patient in a mental institution >30 days; gets insurance; dies; or fails to cooperate with Medicaid.
Imposes premiums or enrollment fees	_____No _____Yes, how much? Who Can Pay? ___ Employer ___ Family ___ Absent parent ___ Private donations/sponsorship ___ Other (specify)	_____No _X___Yes, how much? <u>100-150% $10.00 per quarter; 151-175% $25 per quarter; 176-200% $50.00 per quarter</u> Who Can Pay? ___ Employer _X__ Family _X__ Absent parent ___ Private donations/sponsorship ___ Other (specify)
Imposes copayments or coinsurance	_____No _____Yes	_X___No _____Yes
Provides preprinted re-determination process.	_____ No _____ Yes, we send out form to family with their information pre-completed and: _____ ask for a signed confirmation that information is still correct _____ do not request response unless income or other circumstances have changed	_____No _X____Yes, we send out form to family with their information and: _X____ ask for a signed confirmation that information is still correct _____ do not request response unless income or other circumstances have changed

5.2 Please explain how the redetermination process differs from the initial application process.

For re-determinations, a computer printout is generated containing existing family information. This form is mailed to each family and participants are requested to annotate any changes, sign and return the form along with two of their most current pay stubs. If enrollees do not respond, it is assumed that no changes occurred and the children are re-enrolled in Nevada ✓ Check Up (Passive Re-determination process).

SECTION 6: INCOME ELIGIBILITY

This section is designed to capture income eligibility information for your SCHIP program.

6.1 As of September 30, 2001, what was the income standard or threshold, as a percentage of the Federal poverty level, for countable income for each group? If the threshold varies by the child's age (or date of birth), then report each threshold for each age group separately. Please report the threshold after application of income disregards.

Title XIX Child Poverty-related Groups or Section 1931-whichever category is higher	133% of FPL for children under age 6 100% of FPL for children aged 6 - 18 ___% of FPL for children aged _____
Medicaid SCHIP Expansion	____% of FPL for children aged ____ ____% of FPL for children aged ____ ____% of FPL for children aged ____
State-Designed SCHIP Program	200% of FPL for children aged 0–18 ____% of FPL for children aged ____ ____% of FPL for children aged ____

6.2 As of September 30, 2001, what types and amounts of disregards and deductions does each program use to arrive at total countable income? *Please indicate the amount of disregard or deduction used when determining eligibility for each program. If not applicable, enter "NA."*

Do rules differ for applicants and recipients (or between initial enrollment and redetermination)

_____Yes
__X__ No

If yes, please report rules for applicants (initial enrollment).

Table 6.2			
	Title XIX Child Poverty-related Groups	Medicaid SCHIP Expansion	State-designed SCHIP Program
Earnings	$	$	$ANA
Self-employment expenses	$	$	$ANA
Alimony payments Received	$	$	$ANA
Paid	$	$	$ANA
Child support payments Received	$	$	$ANA
Paid	$	$	$ANA
Child care expenses	$	$	$ANA
Medical care expenses	$	$	$ANA
Gifts	$	$	$ANA
Other types of disregards/deductions (specify)	$	$	$ANA

6.3 For each program, do you use an asset test?

Title XIX Poverty-related Groups	____ No	X___Yes, specify countable or allowable level of asset test
Medicaid SCHIP Expansion program	____ No	____Yes, specify countable or allowable level of asset test
State-Designed SCHIP program	X___ No	____Yes, specify countable or allowable level of asset test
Other SCHIP program	_____No	____Yes, specify countable or allowable level of asset test

6.4 Have any of the eligibility rules changed since September 30, 2001? ____Yes __X__ No

SECTION 7: FUTURE PROGRAM CHANGES

This section has been designed to allow you to share recent or anticipated changes in your SCHIP program.

7.1 What changes have you made or are planning to make in your SCHIP program during FFY 2002 (10/1/01 through 9/30/02)? Please comment on why the changes are planned.

1. Family coverage

2. Employer sponsored insurance buy-in

3. 1115 waiver

4. Eligibility including presumptive and continuous eligibility

   - Elimination of the CHAP asset test on July 1, 2002 will reduce the differences between the Medicaid and Nevada ✓ Check Up programs. This will allow for a more effective CHAP/SCHIP joint application process.

5. Outreach

   - The partnership with the Clark County Free and Reduced Lunch program will continue. Information on families who are likely to be eligible for Nevada ✓ Check Up and have requested an application will be captured electronically in a data file by Clark County and provided to Nevada ✓ Check Up. By September of 2002, this data file will be fully operational and the process of providing applications to interested families from Clark County will be streamlined. If successful, we may expand to other school districts within the state.

   - The interface with the Welfare Division computer system, NOMADS, should be fully functional in FFY 2002. This link with NOMADS will provide an extract of eligible cases that will be directly downloaded into the Nevada ✓ Check Up database. This process will facilitate Nevada ✓ Check Up enrollment for families whose children are no longer eligible for Medicaid.

6. Enrollment/Re-determination Process

   - The application/enrollment process will be revised. Currently, applicants are sent an enrollment form once eligibility is determined which results in a delay between eligibility determination and enrollment. Beginning in FFY 2002, the enrollment form will be included with the application and the first quarter's premium will be collected following enrollment.

7. Contracting

8. Other

- A participant provider access assessment will be conducted in FFY 2002. The project will focus on fee for service providers in rural counties and fee for service and Health Maintenance Organization providers in Washoe County. The goal of the project is to provide information to participants on available providers in their community and improve participant access.